2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# P08000012290

Entity Name: HIC OF PCB, INC.

Current Principal Place of Business:

107 AMAR PLACE
SUITE 100
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

107 AMAR PLACE
SUITE 100
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 74-3249664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFNEISEL, RYAN
107 AMAR PLACE
SUITE 100
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: TERHUNE, ROBERT
Address: 107 AMAR PLACE #100
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPD ( ) Delete
Name: PFNEISEL, JOHN
Address: 107 AMAR PLACE #100
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPD (X) Delete
Name: BRAZZELL, DAN
Address: 107 AMAR PLACE #100
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SD ( ) Delete
Name: PFNEISEL, RYAN
Address: 107 AMAR PLACE #100
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN BRAZZELL VPD 06/10/2009

Electronic Signature of Signing Officer or Director — Date